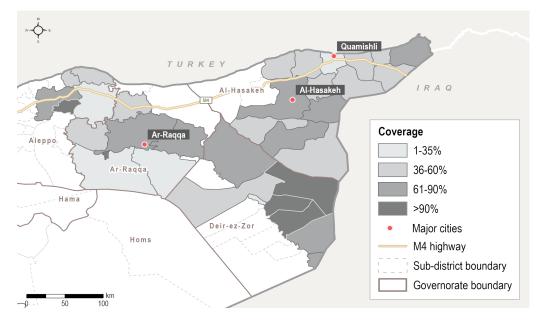
# HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS) March 2023 | Northeast Syria

# **INTRODUCTION AND METHODOLOGY**

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian conditions and priority needs inside Syria. This factsheet presents a thematic review based on the HSOS assessment of the priority needs and humanitarian assistance, economic conditions, living conditions, access to basic services, public health, and the security and protection situation in Northeast Syria (NES). HSOS focuses on host community and internally displaced persons (IDP) households residing in communities. **This assessment does not provide information on camps and informal settlements.** 

Unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection. Findings are indicative rather than representative, and should not be generalised across the population and region. The complete monthly HSOS dataset is available on the **REACH Resource Centre**.

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators are based inside Syria and interview three to five KIs per assessed location, either directly or remotely. KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **1,312 communities** across Aleppo<sup>1</sup>, Ar-Raqqa, Al-Hasakeh, and Deir-ez-Zor. Data was collected **between 1-16 March 2023** from **4,943 KIs** (18% female).



# **KEY MESSAGES**

Economic conditions remained difficult in Northeast Syria with high inflation rates and low wages forcing households to resort to harmful strategies to cope with a lack of financial resources. Access to electricity from the main network was reduced in Raqqa governorate, likely due to the interruption of the hydropower production at Tishreen dam in early March.

- Inflation and low wages continued to affect households' purchasing power. In all assessed communities, KIs reported that households faced challenges in accessing livelihoods. Among these challenges, income not covering the cost of living was the most frequently cited (in 91% of assessed communities). Between January and March 2023, inflation continued to rise with the exchange rate of the Syrian pound (SYP) for the United States dollar (USD) recording a 24% increase (from 6,070 to 7,550 SYP).<sup>a</sup> However, the average daily wage for unskilled work remained relatively stable between January and March (reportedly evolving from 9,945 to 10,259 SYP).
- Economic hardship forced households to resort to negative coping strategies. Borrowing money from family or friends and purchasing items on credit were the two most commonly reported methods used by households to cope with the lack of resources, cited by KIs in 90% and 74% of assessed communities respectively. Negative coping strategies impacting children were also frequently reported, such as sending children to work (in 56% of assessed communities) or early marriage (in 10% of communities). In addition to the child protection risks associated with these strategies, such practices prevent children from attending education services and therefore from acquiring the skills needed to access suitable employment opportunities in the future.<sup>b</sup>
- **Raqqa governorates recorded a reduction in access to electricity.** Access to electricity declined for households in Raqqa governorate between February and March, with KIs in 70% of assessed communities reporting less than 4 hours of electricity per day in March compared to 56% in February. This decline may be the result of the interruption of hydropower production in Tishreen dam from 1 to 8 March<sup>c</sup> caused by low water levels in the Euphrates River. In Raqqa governorate, KIs in 96% of assessed communities cited the main network as the most common primary source of electricity for households, and hydroelectricity produced by Tishreen dam provides power to 7 million people in the region.<sup>d</sup>

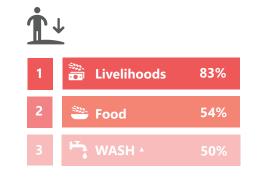
#### **HSOS Dashboard**

For a breakdown of sector-specific indicators by location, please see the <u>HSOS</u> <u>dashboard</u>. The interactive HSOS dashboard provides a monthly sectoral overview of key indicators disaggregated at the sub-district and community level.



# PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE

Most commonly reported overall priority needs for host community households (by % of assessed communities)<sup>2</sup>



% of assessed communities where some of the host community households were able to access humanitarian assistance



% of assessed communities where KIs reported the presence of the following types of assistance for host community households<sup>3</sup>



Most commonly reported barriers that host community households faced in accessing humanitarian assistance (by % of assessed communities reporting barriers)<sup>3</sup>

5%

4%

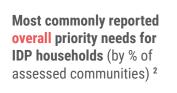
Communities where access to humanitarian assistance was reported

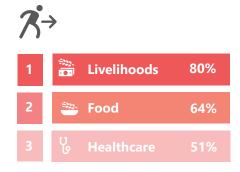
Assistance provided was insufficient to cover all people in need	66%	
Quantity of assistance provided to households was insufficient	57%	
Assistance provided was not relevant to all needs	54%	

Communities where no access to humanitarian assistance was reported

- No humanitarian assistance 91% was available Perceived discrimination in provision of humanitarian
  - Not aware if assistance was available

assistance





% of assessed communities where some of the IDP households were able to access humanitarian assistance



% of assessed communities where KIs reported the presence of the following types of assistance for IDP households<sup>3</sup>

4%	Livelihoods
31%	Food
11%	Healthcare

Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities reporting barriers)<sup>3</sup>

2

3

	Communities where acce humanitarian assistance was rep
71%	Assistance provided was insufficient to cover all people in need
61%	Assistance provided was not relevant to all needs
52%	Quantity of assistance provided to households was insufficient

Communities where no access to humanitarian assistance was reported

- No humanitarian assistance 98% was available Perceived discrimination in 2%
  - provision of humanitarian assistance



2

# **ECONOMIC CONDITIONS**

Region	Median estimated monthly expense for water for a household of six <sup>4, 5</sup>	Median estimated monthly rent price for a two-bedroom apartment <sup>4, 5</sup>	Median estimated daily wage for unskilled labour <sup>4, 6, 7</sup>
Aleppo	15,000 SYP	50,000 SYP	10,000 SYP
Al-Hasakeh	30,000 SYP	112,500 SYP	8,500 SYP
Ar-Raqqa	2,000 SYP	70,000 SYP	12,000 SYP
Deir-ez-Zor	50,000 SYP	75,000 SYP	10,000 SYP
Northeast Syria	24,000 SYP	75,000 SYP	10,000 SYP

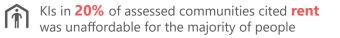
### Most common sources of meeting basic needs for households (by % of assessed communities) 3, 7



### Presence of host community and IDP households relying on non-productive sources of livelihoods to meet their basic needs (by % of assessed communities)<sup>3</sup>



### Intersectoral findings on unaffordability hindering access to goods and services<sup>7</sup>



KIs in **64%** of assessed communities cited high cost of **fuel for generators** as a common challenge

**L** KIs in **75%** of assessed communities cited the high cost of **solar panels** as a common challenge

Kls in 42% of assessed communities cited the high • cost of water trucking as a common challenge

### Most commonly reported barriers to accessing livelihoods (by % of assessed communities) 3, 7

Income does not cover cost of living	91%
Lack of employment opportunities that match people's skills	65%
General lack of employment opportunities	55%

Most commonly reported barriers to accessing livelihoods related to agriculture (by % of assessed communities)<sup>3</sup>



### % of assessed communities where livelihood sources from agriculture were reported <sup>3</sup>

Livelihood source	Host community households	IDP households
Food crop production	39%	28%
Cash crop production	67%	15%
Livestock products	51%	25%
Sale of livestock	48%	21%



KIs in **84%** of assessed communities cited the high cost of **food** as a common challenge





# **BASIC NEEDS OVERVIEW**

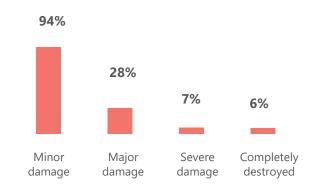
In **95%** of assessed communities, at least **80%** of the host community households reportedly **owned their shelter** 

In **67%** of assessed communities, **none** of the IDP households reportedly **owned their shelter** 

In **12%** of assessed communities, at least **one fifth** of the IDP population reportedly lived in **unfinished or abandoned residential buildings** 

In 5% of assessed communities, at least **one fifth** of the IDP population reportedly lived in **tents** 

# **Reported presence of occupied shelters with damage** (by % of assessed communities)<sup>4, 8</sup>



**Shelter and repair materials being too expensive** was the most commonly reported challenge for households to repair their shelter (reported by KIs in 93% of assessed communities) Most commonly reported shelter inadequacies (by % of assessed communities)  $^{3}$ 

		<u>۸</u> ′
82%	Lack of lighting around shelter	88%
57%	Lack of privacy inside shelter	67%
53%	Lack of space/overcrowding	58%
38%	Unable to lock home securely	38%
23%	Lack of heating	26%
20%	Lack of insulation from cold	16%



% of assessed communities where KIs reported that **households experienced barriers to accessing sufficient food**<sup>7</sup>

### Commonly reported barriers to accessing sufficient food (by % of communities)<sup>3,7</sup>

1	Markets exist and food is available but households cannot afford essential food items	84%
2	Markets are not functioning in the community	21%
3	Markets exist but have insufficient quantities of food	<b>19</b> %
4	Markets exist but not all essential food items are available	18%



**High price of suitable foods formula** was the most commonly reported challenge to feeding young children (reported by KIs in 96% of assessed communities) <sup>7,9</sup>

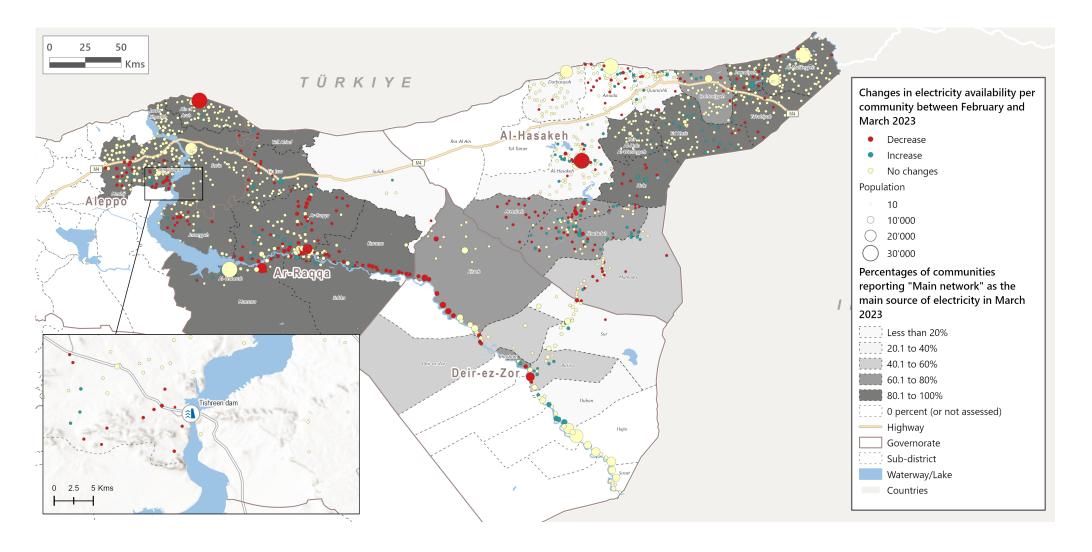
Commonly reported source of food for households other than markets (by % of assessed communities)  $^{10,\,7}$ 

1	Relying on food stored previously	41%
2	Own production or farming	36%
3	Food gifts from friends and family	4%

**.** 



1->



Evolution of the number of electricity hours available for households between February and March 2023

### Note on the map

This map shows the the number of electricity hours accessible for households have increased, decreased, or remained stable in assessed communities between February and March 2023. The font colour of each sub-district corresponds to the percentage of communities in which KIs reported the main network to be the main source of electricity for households. An important number of communities located in Raqqa governorate and along the Euphrates River recorded a decrease of electricity hours, that may be attributed to the temporal interruption of hydropower production at Tishreen dam in early March.



# ACCESS TO BASIC SERVICES

Access to Electricity	<b>2-4</b> hrs/day	was the most commonly reported range of hours of electricity accessible to households (reported by KIs in 40% of assessed communities)	Main wa network Kis	as the most com ain source of ele s in 72% of asses	monly reported ctricity (reported by ssed communities)	83%	% of assessed communities where Kls reported <b>Rationing electricity</b> <b>by local authorities</b> as the most frequently reported barrier to electricity access
Access to Water	63%	% of assessed communities where KIs reported that <b>not</b> <b>all households had access to</b> <b>sufficient water</b>	5-6 d 3-4 d 1-2 d	ays <b>10%</b> wat lays <b>14%</b> was of 8 lays <b>11%</b> con	e from the network available (by % 816 communities nected to a water	borehole	was the most commonly reported source of water for all purposes (reported by KIs in 47% of assessed communities)
Access to Sanitation	78%	% of assessed communities where KIs reported that <b>no</b> <b>sewage system was present</b>	Most commonly reported ways people disposed of solid waste (by % of assessed communities)	36% 34% 22%	Waste burnt Free public waste collection Waste disposed of by household to a dumping location	23%	% of assessed communities where KIs reported <b>waste</b> <b>removal services</b> as a WASH priority need <sup>7</sup>
Access to Markets	34%	% of assessed communities in which households reportedly were <b>unable</b> <b>to access markets</b> in the assessed location	People lack financial means to open shop/market	reason for why functioning (re of assessed cor	y markets were not eported by KIs in 83% mmunities where mar-	80%	% of assessed communities where KIs reported <b>lack of</b> <b>transportation to markets</b> was a barrier to physically accessing food markets
Access to Health Services	71%	% of assessed communities where KIs reported that <b>households</b> <b>did not have access to health</b> <b>services</b> in the assessed location	e reported health priority needs (by % of assessed	58%	Medicines and other commodities Treatment for chronic diseases Paediatric consultations	pay for	was the most commonly reported <b>barrier to accesing</b> <b>healthcare</b> (reported by KIs in 85% of assessed communities)
Access to Education Services	27% 45%			89% 11%	Reported functionality of education services in the assessed location	67%	% of assessed communities where KIs reported that <b>high cost of</b> <b>transportation to school</b> was a barrier preventing access to education in the last 30 days <sup>7</sup>
	Electricity Access to Water Access to Sanitation Access to Markets Access to Health Services Access to Education	ElectricityLhrs/dayAccess to Water63%Access to Sanitation78%Access to Markets34%Access to Health Services71%Access to Education27%	Access to Electricity2-4 hrs/dayreported range of hours of electricity accessible to households (reported by KIs in 40% of assessed communities)Access to Water639%% of assessed communities where KIs reported that not all households had access to sufficient waterAccess to Sanitation78%% of assessed communities where KIs reported that no sewage system was presentAccess to Sanitation78%% of assessed communities where KIs reported that no sewage system was presentAccess to Markets344%% of assessed communities in which households reportedly were unable to access markets in the assessed locationAccess to Health Services71%% of assessed communities where KIs reported that households reportedly were unable to access markets in the assessed 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where Kis reported that not all households had access to sufficient water       7 days 3-6 days 1-2 days       7 days 10% 3-4 days 1-2 days       7 days 0 days



# **PUBLIC HEALTH**

Most commonly reported sanitation issues (by % of assessed communities)<sup>3</sup>

Unsafe soak pit	84%
Waste in the streets (Solid waste/trash)	<b>26</b> %
Rodents and/or pests frequently visible	15%

Primary sources of drinking water (by % of assessed communities)



Piped water network	33%
Private water trucking	32%
Private borehole or well	19%
Water trucking conducted by authorities or an NGO	7%
Other	9%

80%

% of assessed communities where KIs reported that households did not use any methods to make water safer to drink.

Methods used by households to make water safer to drink (by % of assessed communities in which KIs reported methods being used) <sup>3</sup>

1	Sedimentation	66%
2	Household filters	<b>19</b> %
3	Chlorine tablets	14%

42%

% of assessed communities where KIs reported that households faced problems with drinking water.

Problems with drinking water (by % of assessed communities in which KIs reported problems) 3,11

1	Water tastes bad	60%
2	Water has bad colour	22%
3	Water perceived to be making people sick	11%

Reported challenges related to quantity, quality and diversity of food for babies and voung children (less than 2 years old)<sup>3,9</sup>

Limited variety of food reported in 53% of assessed communities

Not enough food reported in 22% of assessed communities

Poor quality of food reported in 10% of assessed communities



% of assessed communities where Kls reported that **no paediatric** services were available either in the assessed community or nearby locations

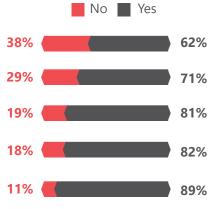
20%

Reported barriers to accessing healthcare (by % of assessed communities)<sup>3, 12</sup>

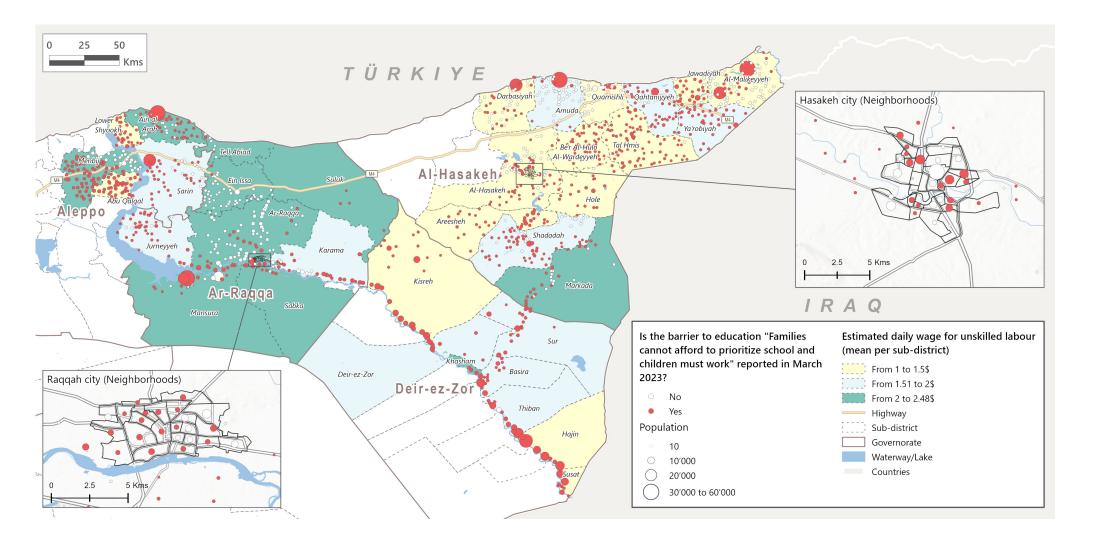
Lack of medicines/medical equipment at the health facility	52%
Health facilities are overcrowded	44%
Absence of health facilities present/ functioning in assessed location	43%
Specialised services are not available	28%

Essential health services available either in the assessed community or in nearby locations (by % of assessed communities)<sup>3, 13</sup>

General and or specialist surgical services
Treatment for parasitic infections
Skilled care during childbirth (General obstetric care - normal deliveries)
Vaccination
First aid/emergency care (accident and injuries)







# Child labour as a barrier to education in Northeast Syria

### Note on the map

This map shows the assessed communities in which KIs reported that households sending children to work was a barrier preventing children from accessing education services. The font colour of each subdistrict corresponds to the estimated average daily wage for unskilled labour.



# **SECURITY AND PROTECTION**

ntersectoral findings on security		Most commonly reported protection priority needs (by % of assessed communities) 7, 10					ender and diversity	
	General safety and security concerns restricting movement to markets was a reported barrier to market access in 17 assessed communities	1	·		ance for vulnerable groups 779	%	KIs in <b>34%</b> of assessed communities reported a <b>lack of employment</b>	
	General safety and security concerns at markets was a reported barrier to market access in 8 assessed		2 Specialised child protection services 49%				<b>opportunies for women</b> as a barrier to accessing livelihoods <sup>7</sup>	
	communities <b>Movement restrictions</b> was reported as a protection risk in 9 assessed communities <sup>7</sup>	3 Psychosoc		social s	support 299	%	KIs in <b>19%</b> of assessed communities reported a <b>lack of employment</b> <b>opportunies for persons with a</b>	
<b>\</b>	<ul> <li>Theft was reported as a protection risk in 27% of assessed communities <sup>7</sup></li> </ul>	% of assessed communities where the lack of civil documentation for host community and IDP households was reported					<b>disability</b> as a barrier to accessing livelihoods <sup>7</sup>	
	<b>Tribal disputes</b> were reported as a protection risk in 45 assessed communities <sup>7</sup>		17% Lack or loss of civil documentation as a			6.2	Kls in 12% of assessed communities reported a lack of privacy for women and girls at health facilities	
	Fear from imminent conflict was reported as a protection risk in 11% of assessed communities <sup>7</sup>				rotection risk		as a barrier to healthcare access	
	<b>Threat from shelling</b> was reported as a protection risk in 4% of assessed communities <sup>7</sup>		4% 4%	pers	ne people did not have the neces sonal document as a barrier to essing humanitarian assistance	ssary	Kls in <b>20%</b> of assessed communities reported a <b>lack of market access</b> <b>for people with restricted mobility</b>	
	The security situation was reported as a barrier to shelter repairs in 83 assessed communities <sup>7</sup>		2% 6%	requ	c of personal documentation uired to enrol in school as a barric cation access	er to	KIs in <b>4%</b> of assessed communities reported that <b>women and girls feel</b> <b>unsafe when traveling to markets</b>	
•	Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in 11 assessed communities		749	%	% of assessed communities where <b>child labour</b> was report	ted	KIs in <b>16%</b> of assessed communities reported <b>challenges specific to girls</b> as a barrier preventing access to	
<b><u>क</u></b>	<b>Lack of safety while travelling to or from school</b> was reported as a barrier preventing access to education in 163 assessed communities <sup>7</sup>		819	%	as a protection risk for <b>host</b> <b>community</b> and <b>IDP</b> househo	lds	education <sup>7, 14</sup>	



# **ENDNOTES**

<sup>1</sup> Aleppo governorate includes Menbij and Ain Al Arab districts

<sup>2</sup> KIs were asked to select a first, second, and third highest priority needs in their communities. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).

<sup>3</sup> KIs could select multiple answers, thus findings might exceed 100%.

<sup>4</sup> KIs were asked about the situation at the time of data collection, instead of the last 30 days.

<sup>5</sup> KIs had the option to select the price in United States Dollars (USD), Turkish Lira (TRY), or Syrian Pounds (SYP). When the price was not reported in SYP, the NES Joint Market Monitoring Initiative (JMMI) exchange rate was used to calculate the amount in SYP. According to the REACH Market Monitoring March 2023, 1 USD = 7,550 SYP; 1TRY= 350 SYP.

<sup>6</sup> According to the NES JMMI March 2023, 1 USD = 7,550 SYP.

<sup>7</sup> Findings for residents and IDPs were merged. The merge was calculated as follows: (option was selected for either residents or IDPs) / (communities reporting challenges/barriers/coping strategies for either residents or IDPs).

<sup>8</sup> Minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.); Major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls); Severe damage (buildings with significant structural damage to column slabs, or loadbearing walls, cracking, steel elements and deformations visible in concrete; the building would require extensive repairs); Completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).

<sup>9</sup> KIs were asked about the situation in the last two months, instead of the last 30 days.

<sup>10</sup> KIs could select three answers, thus findings might exceed 100%.

<sup>11</sup> This section provides a visualisation of three types of problems with drinking water. These problems were not selected based on how commonly they were reported, but rather on their potential negative impact on health.

<sup>12</sup> This section only focuses on barriers related to the heath facilities and exludes financial barriers as well as obstacles linked to transportation to health facilities.

<sup>13</sup> This section provides a visualisation of the availability of five essential types of health services reported in the assessed communities or in nearby locations. The displayed services were not selected based on how commonly they were reported.

<sup>14</sup> Challenges specific to girls include the following: Families not allowing attendance or continuation of education, fear of harassment on the way to or inside education facilities, and the lack of privacy in toilets.

# REFERENCES

<sup>a</sup> REACH. (March 2023). Joint Market Monitoring Initiative (JMMI) dataset. Retrieved from reachresourcecentre.info

<sup>b</sup> UNICEF. (13 October 2021). Towards ending child marriage: Global trends and profiles on progress. Retrieved from <u>https://reliefweb.int</u>

<sup>c</sup> The New Arab. (1 March 2023). Low water levels force halt to north Syria hydropower. Retrieved from <u>https://newarab.com/</u>

<sup>d</sup> Ibid.

N,o of communities reporting on:	Subset	N,o of communities reporting on:	Subset
Host community households	1,307	Barriers to assistance access (IDP)	251
IDP households	455	Days when water is available from network	816
Challenges to assistance access (host community)	276	Barriers to markets functioning	446
Barriers to assistance access (host com- munity)	1,005	Methods to make water safer (merged)	265
Challenges to assistance access (IDP)	186	Problems with drinking water (merged)	554

# **ABOUT REACH**

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research -Operational Satellite Applications Programme (UNITAR-UNOSAT).

